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$\overline{}$	U.S. PATENT DOCUMENTS								
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	7	4,407,134	T	Snaper	10/04/1983				
		5.911.745		Conner	06/15/1999				
	1	4.773.471		Grant, et al	09/27/1988				
		5.146.762		Atkins	09/15/1992				
		6.434.963	31	Urch	08/20/2002				
	_	US2002/006	2550	A1 Dukhan, et al	05/30/2002				
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